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APPLICANTS

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None *pn MAS*

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

None *pn MAS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>M. Soddy MAS</i> Examiner's Signature	Initials			

ADDRESS

Eastman Kodak Company
 343 State Street
 Rochester, NY 14650-2201

TITLE

Method of producing a multimedia media

FILING FEE RECEIVED 1800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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